

# Applicant Initiated Interview Request Form

Application No.: 10/717,028 First Named Applicant: Bo Li  
 Examiner: Connie P. Johnson Art Unit: 1722 Status of Application: Pending

## Tentative Participants:

(1) Connie P. Johnson (2) Sandra P. Thompson  
 (3) \_\_\_\_\_ (4) \_\_\_\_\_

Proposed Date of Interview: \_\_\_\_\_ Proposed Time: \_\_\_\_\_ (AM/PM)

## Type of Interview Requested:

(1) ☒ Telephonic (2) ☐ Personal (3) ☐ Video Conference

Exhibit To Be Shown or Demonstrated: ☐ YES ☐ NO

If yes, provide brief description: \_\_\_\_\_

## Issues To Be Discussed

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior Art	Discussed	Agreed	Not Agreed
(1) <u>Rej.</u>	<u>1,3</u>	<u>US 2002/0068181</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) <u>Rej.</u>	<u>11-13</u>	<u>US 2002/0068181</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) <u>Rej.</u>	<u>18,26</u>	<u>US 2002/0068181</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) <u>Rej.</u>	<u>28-31,37</u>	<u>US 2002/0068181</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☒ Continuation Sheet Attached

☐ Proposed Amendment or Arguments Attached

Brief Description of Arguments to be Presented: \_\_\_\_\_

An interview was conducted on the above-identified application on \_\_\_\_\_.

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Sandra P. Thompson  
 Applicant/Applicant's Representative Signature

\_\_\_\_\_  
 Examiner/SPE Signature

Sandra P. Thompson  
 Typed/Printed Name of Applicant or Representative

40264  
 Registration Number, if applicable

This collection of information is required by 37 CFR 1.133. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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(1) <u>Rej.</u>	<u>1,3</u>	<u>US 2003/0091838</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) <u>Rej.</u>	<u>11-13</u>	<u>US 2003/0091838</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) <u>Rej.</u>	<u>18,26</u>	<u>US 2003/0091838</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) <u>Rej.</u>	<u>28-31,37</u>	<u>US 2003/0091838</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Connie P. Johnson  
 Applicant/Applicant's Representative Signature

\_\_\_\_\_  
 Examiner/SPE Signature

Sandra P. Thompson  
 Typed/Printed Name of Applicant or Representative

46264  
 Registration Number, if applicable

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(1) <u>Rej.</u>	<u>1,3.</u>	<u>6677392</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) <u>Rej.</u>	<u>11-13</u>	<u>6577392</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) <u>Rej.</u>	<u>18,26</u>	<u>6677392</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) <u>Rej.</u>	<u>28-31,37</u>	<u>6677392</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Sandra Thompson  
 Applicant/Applicant's Representative Signature

\_\_\_\_\_  
 Examiner/SPE Signature

Sandra Thompson  
 Typed/Printed Name of Applicant or Representative

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 Examiner: Connie P. Johnson Art Unit: 1722 Status of Application: Pending

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(1) <u>Rej.</u>	<u>11-15,27</u>	<u>US 2007/0272123</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) <u>Rej.</u>	<u>29-31,59</u>	<u>US 2007/0272123</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) <u>Rej.</u>	<u>1,27</u>	<u>US 2009/0029145</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) <u>Rej.</u>	<u>29-31</u>	<u>US 2009/0029145</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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*Andra Thompson*  
 Applicant/Applicant's Representative Signature

Examiner/SPE Signature

*Andra Thompson*  
 Typed/Printed Name of Applicant or Representative

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**Issues To Be Discussed**

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior Art	Discussed	Agreed	Not Agreed
(1) Rej. _____	<u>1,3,6</u>	<u>WO 03/088343</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Rej. _____	<u>11-15,27</u>	<u>WO 03/088343</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Rej. _____	<u>29-31,59</u>	<u>WO 03/088343</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Rej. _____	<u>1,3,6</u>	<u>US 2007/0272123</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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\_\_\_\_\_  
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(1) <u>Rej.</u>	<u>1, 3, 6</u>	<u>6506497</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) <u>Rej.</u>	<u>11-15, 27</u>	<u>6506497</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) <u>Rej.</u>	<u>29-31</u>	<u>6506497</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) <u>Rej.</u>	<u>37, 59</u>	<u>6506497</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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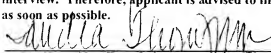


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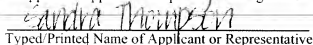
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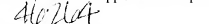


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(1) <u>Rej.</u>	<u>1, 37</u>	<u>US 2004/0166434</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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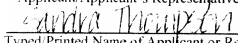
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
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